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Formula Diets Are Not Medically Sound

The use of complete formula diets is not a medically sound means of reducing weight, an official of the American Medical Association has said.

Philip L. White, Sc.D., secretary of the A.M.A.'s Council on Foods and Nutrition, said, "Selecting a variety of foods and controlling calorie intake to maintain the most desirable weight is the only long-term technique that has sound medical judgment behind it."

The better-grade formula diets "seem to be nutritionally complete with the exception of caloric

content," he said. Most of the products are designed to supply 900 calories daily, he said.

However, Dr. White said, "no weight-reduction program should be undertaken by any individual who is grossly overweight unless the program is carried out under medical supervision."

Only the physician is properly equipped to judge whether an overweight person should in fact reduce, he said.

"The short-term use of the 900-calorie formulas will not harm the individual who is just a teeny bit overweight," he explained. "However, such persons will achieve more satisfactory long-term results when

(Continued on Page 16)

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Electrocardiography & Heart Disease	One Week, April 17
Diagnostic Radiology	Two Weeks, April 3
Board of Surgery Review, Part II	Two Weeks, March 6
Gynecology, Office & Operative	One Week, Feb. 13
Vaginal Approach to Pelvic Surger	yOne Week, Jan. 30
Obstetrics, General & Surgical	One Week, Feb. 6
Fractures & Traumatic Surgery	Two Weeks, Mar. 6
Practical CystoscopyTen	Days, by appointment
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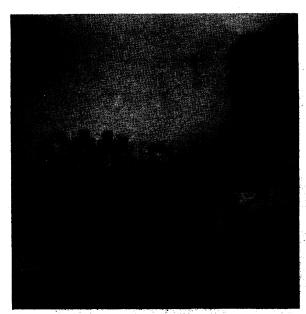
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Open Wringers Persist As Child Hazard

Washing machines with power-driven open wringers are a continuing hazard to children, according to an article in the Oct. 1 Journal of the American Medical Association.

During the six-year period ended Jan. 1, 1960, 423 children were admitted to Children's hospital, Louisville, Ky., for treatment of wringer injuries, Drs. Hugh B. Lynn and Richard C. Reed reported.

"The labor-saving device known as the washing machine with its hazardous, power-driven open wringer, has introduced the modern parent to horrors quite unknown to the primitive woman whose washday chores consisted of pounding the wash out by hand," they said.

"Despite tremendous advances in design and production of the completely automatic washer-dryer combination, many nonautomatic machines with power-driven open wringers are in use and are still being manufactured.

"It is not just the regular Monday washday that offers this hazard. Youngsters aged 2 to 6 years (the period in which these injuries most commonly occur) are apt to be house-bound and bored during bad weather on any day and at any time of the year. The fascinating rollers offer a new interest to the inquisitive child."

There is a great variation in the amount of damage a wringer can cause, the authors said. However, they said, it appears that the quicker the motor is stopped, the quicker the compression is removed and the less the damage.

"By all odds, the best treatment is preventive," they concluded. "Prevention implies an effort to perfect safeguards on electric washing machines and the education of parents to the hazards of the wringer."

The A.M.A. department of health education makes these suggestions for preventing such accidents:

- —Begin a child's safety education at the age of two by using forethought and example.
 - —Be sure the wringer has a safety release.
- -Unplug the washing machine when it is not in use and keep the cord out of reach of the children.
- —Keep young children away from the washing machine when it is in use.
- —Never leave a young child alone in the house, not even for a few minutes.

Formula Diets Are Not Medically Sound

(Continued from Page 12)

they develop and maintain good eating habits—then weight maintenance will no longer be a problem."

Dr. White said he did not believe that "any crash diet program has a respectable place in good family nutrition."

His comments are contained in the November issue of the A.M.A. magazine Today's Health.

A.M.A. Launches New Campaign to Help Public Cut Health Care Cost

The American Medical Association has announced that it is launching a "comprehensive study and action program" to guide the consumer in spending his health care dollars more wisely.

The AMA News, the newspaper of the medical profession, said editorially that "the program, dedicated to promoting the highest quality health care at the lowest cost, can help the consumer dramatically reduce his expenditures on health care without lowering the quality or effectiveness of it one bit."

Purpose of the campaign, part of a program announced earlier this year with the appointment of an American Medical Association Commission on Medical Care Costs, is to arm the consumer with facts in the hope that he will use them.

Purpose of the new commission on costs, the A.M.A. said, is "to find answers to the many questions being raised about medical care costs and to present the findings frankly and forthrightly to the medical profession and to the public."

Commission chairman, Dr. Louis M. Orr, Orlando, Fla., summarized the commission's attitude when he said:

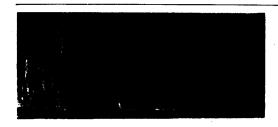
"I do not think there should be any 'sacred cows' in medical practice, or in hospitalization, when it comes to providing medical care and services. We seek the best quality, the most quantity at the lowest possible costs. Any barrier that stands in the way of this objective should be removed—immediately."

One of these barriers is the ineffectiveness of a vast number of non-prescription or over-the-counter drug products which the A.M.A. says is currently being used by the public in great quantities and at a cost running into millions of dollars annually.

The A.M.A. called upon the nation's physicians to alert the public, their patients, to the latent dangers involved in self-prescribing some of these products.

The American Medical Association said physicians also owe it to their patients to discourage them from "throwing their money out the window" on

(Continued on Page 33)



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A.M.A. Launches New Campaign to Help Public Cut Health Care Cost

(Continued from Page 32)

devices, so-called "cures," food fads, "health literature," and many other forms of quackery currently bilking the American public out of additional millions of dollars a year.

The American Medical Association News editorial said in part:

"The quackery, food-faddism phase of the program is a continuation of a concerted, nationwide campaign against door-to-door peddlers, self-styled health and nutrition experts, and manufacturers of useless devices and gadgets being promoted as 'cure-alls' for everything ranging from 'that tired feeling' to arthritis and cancer.

"Physicians are being asked to tell their patients the truth about vitamins, rheumatism, and arthritis remedies and other products being bought by the public and which are essentially worthless in terms of preserving health, relieving pain and suffering, and knocking out disease.

"After a three-year study on vitamin preparations, American Medical Association's Council on Foods and Nutrition said that if a healthy individual's diet contains the key food groups in sufficient amounts, nutritional supplementation is unnecessary. The council also believes the vast majority of people now using self-prescribed vitamins are enjoying that diet and that much of the estimated \$350 million a year the public spends on vitamins could better be spent on food.

"Americans spent more than \$148 million for laxatives and elimination aids in 1958, and at least 100 million persons have become addicted to unnatural elimination aids, Dr. Charles W. Hock, Augusta, Ga., wrote in the current issue of Today's Health. He warned of the dangers of self-medication and said the public should be advised 'to leave their digestive and elimination systems alone.'

"More than \$68,000,000 is spent annually on aspirins and much of this expenditure also is unnecessary.

"Arthritis and rheumatism patients are spending over \$250 million a year on uranium-ore pads, super aspirin, alcohol and herb roots, and other nostrums and devices offered with misleadingly implied benefits. Many of these products are outright quackery. Yet it is estimated that one out of every two arthritis victims still listens to these charlatans, buys their products, and wastes his money. . . .

"The average American family now spends about \$18 a month on non-prescription or over-the-counter products. While these drugs are safe for unsupervised use in most cases, many of them actually bring little benefit from a health standpoint and, for the most part, represent dollars wasted.

"The goal of the American Medical Association program is a higher quality of health care for a greater number of people at a lower cost."





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Salk Vaccine More Effective With DTP Shot

Salk polio vaccine has been found to be more effective when given with diphtheria, tetanus, and pertussis vaccines in a combined injection.

A study of the polio-diphtheria-tetanus-pertussis vaccine (Compligen) was reported by researchers at Pitman-Moore Co., Division of Allied Laboratories, Zionsville, Ind., in the October 29 issue of the Journal of the American Medical Association.

The study involved 192 children, ranging in age from one month to six years. It was designed to determine the merits of combining the polio shot with the successfully tested diphtheria-tetanus-pertussis (DTP) shot.

The polio antibody response, i.e., the bodily resistance built up by the vaccine, was "significantly greater" with the combined vaccine than with the Salk vaccine alone, the authors said.

The diphtheria antibody response to the combined vaccine also was "significantly higher" than it was to the DTP vaccine, they said.

However, the tetanus and pertussis responses were "essentially the same" to both the DTP and the polio-DTP vaccines, they added.

The children were given a course of vaccinations consisting of three injections at approximately one-month intervals, the authors explained. This sched-

(Continued on Page 60)

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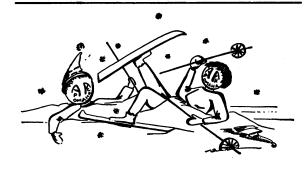
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*April 29: House of Delegates will start with afternoon meeting Saturday, April 29. †The above quoted rates are existing rates but are subject to any change which may be made in the future. CALIFORNIA MEDICAL ASSOCIATION-Dept. 74 693 Sutter Street San Francisco 2, California Please reserve the following accommodations for the 90th Annual Session of the California Medical Association, in Los Angeles April 30-May 3, 1961. (House of Delegates members: First meeting of House begins Saturday afternoon, April 29.) Single Room \$...... Twin-Bedded Room \$..... Small Suite \$..... Other Type of Room \$..... Hotel reservations will be held until THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twinbedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for: Individual Requesting Reservations—Please print or type Officer?..... Delegate?..... Alternate?.... Ngme..... County City and State.....

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OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION
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Volume 94

JANUARY 1961

Number 1

Portacaval Shunt in Patients with Cirrhosis

After-Effects of the Operation

JOHN A. BENSON, JR., M.D., Portland, Oregon

Before discussing some of the empirical results in patients with chronic liver disease upon whom such shunting operation has been performed, I would like to enumerate some of the physiologic events which can be expected. If one creates in dogs a side-to-side anastomosis between the portal vein and the inferior vena cava below the liver (Figure 1A), the only impaired function which can be measured is that of regeneration of liver tissue after partial hepatectomy. If one then ligates the portal vein on the liver's side of the portacaval anastomosis (Figure 1B), thereby creating an Eck fistula, further changes ensue. (Such an Eck fistula is duplicated in humans. incidentally, by a standard end-to-side anastomosis (Figure 1C) between the portal vein and the inferior vena cava.) Animals that have had these operations undergo gradual atrophy of the liver. After some delay a progressive episodic stuporous condition, which has been called "meat intoxication," begins. This occurs whether or not meat is present in the diet and seems to be more clearly related to constipating diets. Protection of such dogs from the "meat intoxication" of an Eck fistula can be afforded by gradual occlusion of the portal vein below the fistula (Figure 1D). Complete recovery from the symptoms of Eck fistula is also effected if the

vena cava above the portacaval anastomosis is occluded (Figure 1E). Bollman² speculated that the common denominator here is prevention of pulse waves from the right heart down through the anastomosis and portal system to the intestines.

Portacaval anastomosis halves the blood flow through the liver of animals.³ Perhaps because the terminal parenchyma along the vascular system is quite hypoxic, tests of liver function show impairment after portacaval anastomosis. For example, the by-passed liver can then clear only one-third as much bromsulphalein each minute as the liver of a normal animal can. Furthermore, there is a decreased output of glucose by the liver after stimulation with insulin. Whipple,¹⁴ using Eck fistula preparations, found that production of bile salts was

Submitted June 29, 1960.

[•] The subject of the indications for operation for portacaval shunt bristles with problems to which a satisfactory answer cannot yet be given. I have discussed those events which supervene after a portacaval shunt which, in the present state of knowledge, has been directed as proper and well-intentioned therapy. It is against the knowledge of such post-shunt events and the complexity of their management, as well as the success of the operation and the risk of mortality, that one must balance the indications for surgery. This is particularly pertinent to the application of prophylactic shunt surgery now under consideration.

From the Gastroenterology Division, Department of Medicine, University of Oregon Medical School, Portland, Oregon.

Presented at a medical symposium on diseases of the abdomen, dedicated to the late Albert M. Snell, M.D., at the Palo Alto Medical Clinic, April 23, 1960.

Palifornia MEDICINE

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EDITORIAL

C. P. S. - Blue Shield

CALIFORNIA PHYSICIANS' SERVICE was put together more than twenty years ago by a dedicated group of physicians who saw in the depression-bound 30's that the provision of medical services was becoming, in the minds of the people, a necessity which must be made to conform with family budgeting procedures.

In the twenty years since its founding C.P.S. has not only proved its ability to fulfill its original purpose but has demonstrated its ability and flexibility under a variety of circumstances which enable it to serve the people and the medical profession alike.

It has handled the home-town medical care problem of the Veterans' Administration for more than 13 years. It has handled the Medicare program for the dependents of service personnel since the inception of that program. It has served as fiscal agent for public welfare programs in the majority of the counties of the state. It has served as fiscal agent and underwriter for some of the local medical care programs embraced by foundations for medical care in several of the counties.

Most recently C.P.S. has emerged as the program of choice for 100,000 Californians who are federal employees and who chose the Blue Shield concept as their preferred method of providing medical and hospital care for themselves and their families.

In addition, C.P.S. has produced a medical care plan for the aged and has pioneered in a variety of empirical experiments in fields covering mental health, the aged, in-patient services and other areas.

Throughout this experience, C.P.S. has acted under the direct authority and control of the physicians of the state as represented in the House of Delegates of the California Medical Association. Its policies and directives emanate from the same body of representatives that sets policies for the 17,000 plus physicians who make up the state association.

To carry out these policies and directives, C.P.S. is managed by a Board of Trustees which includes

both physicians and lay members. The physician members of the board are elected by the C.M.A. House of Delegates, with the exception of three who are named by the C.M.A. Council from its own membership. These Councilors also are elected by the House of Delegates. The lay members of the board are chosen from the business, public and religious interests of the people of California and are subject to confirmation by the House of Delegates. It is noteworthy that these lay members have consistently been executives who enjoy a high standing in their own fields of endeavor and who are willing to contribute their time and talents as a service to the public.

Today, after two decades of experience, C.P.S. would appear to be prepared to meet all challenges and to provide all services that are in the public interest, that recognize the needs and practices of its physician members and that are actuarially sound.

In spite of this apparent position, however, we find C.P.S. beset with a number of problems which a knowledgeable observer might have expected to see solved some years back.

Details need not be gone into here, but it is obvious that many of the problems of C.P.S. stem from its owners, the physicians. Some physicians have never approved of the interjection of a third party—even their own organization—into the normal physician-patient relationship. Some have never agreed that the service principle, under which the subscriber whose income is below an established level is provided professional services rather than dollars, is a good thing. And some physicians just don't want to be bothered. One measure of the general attitude of physicians, however, is that some 14,500 of them are C.P.S. members.

Many of these physicians, of course, interpret the service concept of medical care in terms of their own practices and activities. And many of them may be suspect of ignoring or failing to keep pace with

California MEDICAL ASSOCIATION

NOTICES & REPORTS

County Society Officers

A Meeting on The Challenge to Private Practice

A DAY-AND-A-HALF long conference of officers of county medical societies in California on various aspects of "The Challenge to the Private Practice of Medicine" will be held at the Biltmore Hotel, Los Angeles, February 11 and 12. Besides the component society representatives, all others interested are welcome to attend.

Sponsored by the California Medical Association, the conference will be addressed by outstanding speakers on medical economics, insurance plans, governmental medical care programs, medical care plans of trade unions, and legislative prospects. It will serve also for the indoctrination and instruction of the county society officers as to the relationship of the component societies to the functions and programs of the state association.

The program for the meeting, which is to last all day Saturday, February 11, and Sunday forenoon, follows:

SATURDAY

9:00—Registration.

9:30—Welcome; Format of Conference; Introduction of Chairman—Paul D. Foster, M.D., President.

PANEL NO. 1

Trends in the Future of Private Practice

Moderator: Malcolm C. Todd, M.D., Councilor, Third District

- 9:45—Professor Walter J. McNerney, Director, Program in Hospital Administration, School of Business Administration, University of Michigan, Ann Arbor, Michigan.
- 10:15—John Tomayko, Director, Insurance, Pensions and Unemployment Benefits Department United Steelworkers of America, Pittsburgh, Penn.
- 10:45—CHARLES E. THOMPSON, M.D., Medical Consultant, Chicago Truck Drivers, Chauffeurs and Helpers Union of Chicago and Vicinity (Independent), Chicago, Illinois.

- 11:15—ROCER O. ECEBERG, M.D., Director, Los Angeles Department of Charities; Chairman, Governor's Committee on the Study of Medical Aid and Health.
- 11:45—Ouestions.
- 12:30—Luncheon. Donald H. Stubbs, M.D., Chairman, Board of Directors, National Association of Blue Shield Plans, Washington, D. C.

PANEL NO. 2

Trends in the Future of Voluntary Health Insurance

- 2:30—Moderator: Donald C. Harrington, M.D., Chairman, Commission on Medical Services.
- 2:40—Mrs. Agnes W. Brewster, Medical Economist, Division of Public Health Methods, Public Health Service, U. S. Department of Health, Education and Welfare, Washington, D. C.
- 3:10—JOSEPH F. FOLLMANN, JR., Director of Information and Research, Health Insurance Association of America, New York,
- 3:40—James Brindle, Director, Social Security Department, United Auto Workers, Detroit, Michigan.
- 4:10—Odin Anderson, Ph.D., Research Director, Health Information Foundation, New York.
- 4:40—Questions.

SUNDAY

PANEL NO. 3

Government in Medical Care

9:00—Moderator: Samuel R. Sherman, M.D., Chairman of the Council.

PAUL D. FOSTER, M.D President
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For complete program see March issue

Annual Session

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APRIL 30 to MAY 3

- Five Outstanding Guest Speakers
- ★ General Scientific Meetings
- ★ Specialty Scientific Meetings
- → Postgraduate Courses
- Medical Motion Picture Symposia
- Y Technical Exhibits Scientific Exhibits
- Presidents' Dinner Dance
 Sunday, April 30 Cocoanut Grove
- House of Delegates
 Opening Session Saturday, 2:00 p.m., April 29
 Sunday, April 30, Tuesday Afternoon, May 2, and Wednesday, May 3
- Registration Daily
 8:30 a.m. to 5:00 p.m. . . . No Registration Fee

PLEASE MAKE HOTEL ROOM RESERVATIONS ONLY THROUGH C.M.A. OFFICE IN SAN FRANCISCO. USE RESERVATION REQUEST FORM ON PAGE 47.

LOCATION	SUNDAY)AY	MONDAY	DAY	TUESDAY	DAY	WEDN	WEDNESDAY
HOTEL (Lobby Floor)	APRIL 30	. 30 P.M.	MAY 1	- X.	MAY 2 A.M.	7 2 P.M.	Y.W.	MAY 3 P.M.
Embassy Room	9:30 a.m.† House of Delegates TSee note below for Opening Session	2 p.m. General Meeting Inflammatory Diseases of the Colon	9 a.m. General Meeting Diagnostic Methods of Gastroenterology		9 a.m. General Meeting Five Guests Five Topics	House of Delegates	House of	House of Delegates
West Venetian Room	9 a.m. Internal Medicine	2 p.m. Film Symposium	9 a.m. Film Symposium	2 p.m. & 8 p.m. Film Symposia	9 a.m. Film Symposium	2 p.m. & 8 p.m. Film Symposia	9 a.m. Film Symposium	2 p.m. Film Symposium
East Venetian Room	9 a.m. Pathology					2 p.m. Industrial Medicine Physical Medicine General Practice		2 p.m. Public Health
Regency Room	9 a.m. Obstetrics and Gynecology	2 p.m. Eye Anesthesiology		2 p.m. Anesthesiology		2 p.m. Obstetrics and Gynecology Anesthesiology	9 G.M. Neurology	2 p.m. Psychiatry
Grove Lounge	9 a.m. Dermatology	2 p.m. Ear, Nose, Throat					9 a.m. Urology	2 p.m. Urology
Lido Room	9 a.m. Radiology	2 p.m. Radiology			9 a.m. Physical Medicine			2 p.m. Internal Medicine
Colonial Room	9 a.m. General Surgery					2 p.m. Disaster Medical .Care		
Rose Room	9 a.m. Orthopedics							
(Casino Floor) Oval Room A	9 a.m. Allergy	12 noon Allergy Luncheon and Business Meeting						2 p.m. Pediatrics
WHITE MEMORIAL HOSPITAL	9 a.m.* (Bus at 8 a.m.*) Postgraduate Course C.M.E.		:	2 p.m.* (Bus at 1 p.m.*) Postgraduate Course C.M.E.		2 p.m.* (Bus at 1 p.m.*) Postgraduate Course C.M.E.		
L. A. COUNTY HOSPITAL (Starts Saturday)	9 a.m.* (Bus at 8 a.m.*) Postgraduate Courses	2 p.m. (No bus) P.G. Course—Cardiac Resuccitation—U.S.C.						

POSTGRADUATE COURSES

April 29-May 3, 1961 C.M.A. ANNUAL SESSION Los Angeles

THE CALIFORNIA MEDICAL ASSO-CIATION in cooperation with the Medical Schools of University of SOUTHERN CALIFORNIA and COLLEGE OF MEDICAL EVANGELISTS, will present four Postgraduate Courses at the time of the Annual Session in April. These courses will be clinically oriented and will include case presentations.

Choose the course which most interests you, follow the course, and the 1961 session will send you back to your practice stimulated and refreshed.

Look for the program giving complete details which will arrive in your office in March.

• By COLLEGE OF MEDICAL EVANGELISTS

Clinical Neurology—9 hours

Time: Sunday, April 30, 9:00 a.m. to 12:00 noon; Monday and Tuesday, May 1 and 2, 2:00 p.m. to 5:00 p.m. Place: White Memorial Hospital. Fee: \$25.00

• By UNIVERSITY OF SOUTHERN CALIFORNIA

Uses and Limitations of Laboratory Tests—9 hours

Time: Saturday, April 29, 9:00 a.m.† to 12:00 noon; 2:00 p.m.‡ to 5:00 p.m.; Sunday, April 30, 9:00 a.m.† to 12:00 noon. Place: Los Angeles County Hospital. Fee: \$25.00

Office Gynecology—9 hours

Time: Saturday, April 29, 9:00 a.m.† to 12:00 noon; 2:00 p.m.‡ to 5:00 p.m.; Sunday, April 30, 9:00 a.m.† to 12:00 noon. Place: Los Angeles County Hospital.

Cardiac Resuscitation—2 hours

SECTION I*—Saturday, April 29, 2:00 p.m. to 4:00 p.m. SECTION II*—Sunday, April 30, 2:00 p.m. to 4:00 p.m.

Place: Los Angeles County Hospital.

*Each Section is all-inclusive. Each Section is limited to 15 registrants

† Bus transportation is provided to reach the courses at the times marked with a dagger (†), but not for the times marked with a double dagger (†). The buses will leave the Ambassador Hotel, Wilshire entrance, at 8:00 a.m., for the courses that begin in the mornings, and at 1:00 p.m. for the courses that begin in the afternoons.

----- APPLICATION FOR ENROLLMENT Mail to: POSTGRADUATE ACTIVITIES, CALIFORNIA MEDICAL ASSOCIATION 2975 Wilshire Boulevard, Los Angeles 5, California With check or money order in the amount of \$_____made payable to California Medical Association Name Address_ ____I limit my practice to___ I am in General Practice_ Medical School Attended_ __Year of Graduation__ Please enroll me in the course indicated by . ☐ 1. Clinical Neurology (9-hour course, Sunday morning; Monday and Tuesday afternoons)—\$25.00 Office Gynecology (9-hour course, Saturday, all day; Sunday morning)—\$25.00 4a. Cardiac Resuscitation-Section I-Sat-day afternoon—\$30.00 Uses and Limitations of Laboratory П Tests (9-hour course, Saturday, all day; ☐ 4b. Cardiac Resuscitation—Section II—Sun-Sunday morning)—\$25.00 day afternoon—\$30.00

APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the California Medical Association, April 30*-May 3, 1961, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, your chance of securing accommodations of your choice will be better if your request calls for rooms to be occupied by two or more persons. All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.

Ninetieth Annual Session CALIFORNIA MEDICAL ASSOCIATION Los Angeles, California APRIL 30*- MAY 3, 1961

HOTEL ROOM RATES

AMBASSADOR HOTEL 3400 Wilshire Boulevard	Single	Twin Beds	Suites
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Garden Studios	22.00-34.00	24.00-36.00	54.00-66.00
CHAPMAN PARK HOTEL			
3405 Wilshire Boulevard	10.00-11.00	14.00-16.00	20.00-28.00
Bungalows	·•	18.00	25.00-28.00
THE GAYLORD HOTEL			
3355 Wilshire Boulevard	. 9.00-10.00	12.00-15.00	Single: 25.00 Double: 35.00
HOTEL CHANCELLOR			
3191 West Seventh Street	. 8.00-10.00	12.00	
SHERATON-WEST (formerly Sheraton-Town House	se)		
2961 Wilshire Boulevard	. 12.50-20.00	17.50	34.00

ALL RESERVATIONS MUST BE RECEIVED BEFORE: APRIL 1, 1961

*April 29: House of Delegates will start with afternoon meeting Saturday, April 29.

†The above quoted rates are existing rates but are subject to any change which may be made in the future. CALIFORNIA MEDICAL ASSOCIATION-Dept. 74 693 Sutter Street San Francisco 2. California Please reserve the following accommodations for the 90th Annual Session of the California Medical Association, in Los Angeles April 30-May 3, 1961. (House of Delegates members: First meeting of House begins Saturday afternoon, April 29.) Single Room \$..... Twin-Bedded Room \$.... Small Suite \$...... Other Type of Room \$..... THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twinbedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for: Individual Requesting Reservations—Please print or type Officer?..... Delegate?..... Alternate?..... Name..... County City and State

Salk Vaccine More Effective With DTP Shot

(Continued from Page 38)

ule was adopted because it is recommended for primary immunization with the DTP vaccine.

For comparative purposes, the polio vaccine was administered according to the same schedule. Therefore, it was considered as a primary vaccination since it is generally acknowledged that polio immunization should not be considered complete until a reinforcing dose is given six months after the first series of injections.

The effectiveness of the vaccines was based on the level of antibodies in blood specimens taken before and after the injections.

The article was written by D. E. Bordt, Ph.D.; Joseph W. Whalen, Ph.D.; Philip A. Boyer, M.D.; A. R. Pursell, B.S., and Francis P. Staffieri, B.S.

Studies Support Immunity Theory In Infectious Hepatitis

Studies reported today support the theory that immunization against infectious hepatitis may be achieved with gamma globulin.

The studies were reported by Drs. Saul Krugman, Robert Ward, Joan P. Giles, and A. Milton Jacobs of New York City in the Oct. 15 Journal of the American Medical Association.

The results indicated that gamma globulin was able to suppress the symptoms of hepatitis, mainly jaundice, although it did not prevent infection by the hepatitis virus.

"Measles, modified by gamma globulin, is the obvious parallel to be drawn," the *Journal* commented editorially. "If it can be shown that 'modified hepatitis,' i.e., without jaundice, is as benign as modified measles and is also followed in most cases by immunity, then this method of artificial active immunization against infectious hepatitis should be recommended."

Infectious hepatitis is caused by a virus entering the body through the mouth, nose, or throat. The onset usually is sudden with chills, fever, nausea, diarrhea, and in a few days, jaundice.

The studies were conducted at a children's institution, the Willowbrook State School, Staten Island, N. Y., where the incidence of hepatitis was high.

One study showed a 30-fold decrease in the incidence of hepatitis with jaundice for a five-month period following inoculation with gamma globulin.

In another study of a small group, it was found that infectious hepatitis occurred among children inoculated with gamma globulin although no symptoms of the disease were apparent. A larger group must be studied to determine the accurate incidence of hepatitis without symptoms following gamma globulin inoculation, the researchers said.

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EACH dry filled capsule (lavender and Ferrous .Fumarate (iron)		Vitamin B-12 (Cobalamin conc. NF)
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Vitamin B-2 Vitamin B-8	0.8 mg.	Fluerine (Calcium Flueride) Jedine (Petassium Jedide) SAMPLES ON REQUEST
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Goiter Should Not Cause Cancer Fear

Goiter is a "benign process" that should not be feared as a sign of cancer of the thyroid, according to three Boston physicians.

A report based on an analysis of 230 patients with simple goiter is contained in the Oct. 1 Journal of the American Medical Association.

The patients were observed for periods of many months or several years between 1945 and 1958. They were treated with thyroid hormone.

Goiter is an enlargement of the thyroid gland located in the throat most often caused by an excess secretion of the hormone known as thyrotropin by the pituitary gland located in the head. The thyroid hormone inhibits the production of thyrotropin.

The study showed that about one-third of the goiters completely regressed, one-third were reduced in size, and the remainder changed little or not at all. Surgery was performed in only two patients.

"These observations give further confirmation to the effectiveness of thyroid in the treatment of simple goiter," the authors said.

"In recent times this form of treatment has usually been greeted with skepticism and, since the wave of concern regarding the possibility that goiter or nodules may herald thyroid cancer, has been considered actually to be dangerous.

"In the long experience covered by this study and the larger experience with patients cared for by their

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own physicians, there has been no instance of a further growth of a goiter or of a nodule after thyroid therapy was instituted in effective dosage.

"The consistent finding that thyroid nodules and simple goiter are reduced in size or disappear in about two-thirds of cases when thyroid is given makes it safe to conclude that goiter is a benign process.

"The observation that further enlargement did not occur in any case strengthens the view that fear of carcinoma [cancer] of the thyroid, so prevalent in the United States, has little basis in fact."

The article was written by Drs. E. B. Astwood, Carl E. Cassidy, and G. D. Aurbach. Drs. Astwood and Cassidy are associated with the New England Center Hospital and Tufts University School of Medicine. Dr. Aurbach is now at the National Institutes of Health, Bethesda, Md.

Babies Under Three Months Should Be Upright When Bottle-Fed

Babies should be bottle-fed in an upright position during the first three months of life to prevent an infection of the ear.

"A supine position of an infant while bottle feeding is a predisposing factor in inflammations of the middle ear cleft," according to an article in the October Archives of Otolaryngology, published by the American Medical Association.

Dr. R. Bruce Duncan of Wellington, N.Z., author of the article, said milk had been found in the cleft, or cavity, of the middle ear in such cases.

This results from a sudden gush of milk from the bottle which the baby cannot always prevent from entering the postnasal space and nose, he explained. This problem persists because no bottle-nipple combination has yet been devised that can adapt perfectly to the infant's needs, he said.

On the other hand, he added, a mother's breast is adaptable and it is uncommon to hear of, or observe, this ear infection in a totally breast-fed baby.

Dr. Duncan said he believed ear infections caused by milk are "a frequent type" of middle ear infections in bottle-fed infants.

"Reflux of milk into the postnasal space can occur in any position in which the child is held, but this is probably a very minor cause of middle ear inflammation when the upright position is used," he said.

Upright bottle-feeding was recommended for:

- —Babies up to the age of three months.
- -All infants in hospitals.
- -All premature infants.
- -When a baby's nose is blocked by allergy, bacterial, or virus infection.
- —When an older child has had an inflammation of the middle ear.

Dr. Duncan based his recommendations on a survey of 242 babies.

Suntan Pills Should Be Used Solely for Medical Reasons

Suntan pills should be used solely for medical reasons, according to three Boston dermatologists.

Drs. J. Donald Imbrie, Lester L. Bergeron, and Thomas B. Fitzpatrick reported on pills containing the drug methoxsalen in the October *Archives of Dermatology*, published by the American Medical Association.

They said they found in a study of 40 persons that "methoxsalen increases the suntanning response in normal men and women."

"No unpleasant side-effects or severe burning occurred in our subjects because all subjects followed

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Milk Sugar	19.00 ''	4.7%
Milk Sugar Sorbitol solids	42.50 ''	4.7% 10.8%
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1550 Taraval St. SEabright 1-5310 San Francisco 16 MAIL ORDERS INVITED • SHIPPED ANYWHERE a sun exposure guide," they pointed out. "This guide suggests graduated increments of solar exposure."

The authors stressed that methoxsalen is not a cosmetic but a potent drug to be used under the direction of a physician.

"There is now enough evidence to make a claim that methoxsalen can accomplish an increase in solar tolerance," they said.

"Methoxsalen is advocated as an orally administered drug to increase the tolerance of skin to sunlight in individuals who do not have adequate natural protective mechanisms.

"We urge that methoxsalen be given only to patients who understand its indications and hazards and for a medical (not cosmetic) indication."

Methoxsalen, introduced in 1953, enhances the dark color in the skin. Oral administration of the drug decreases the redness of the skin resulting from the sun's rays. But application to the skin increases this reaction.

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Mobile Operating Rooms Urged for Emergencies

Mobile operating rooms that could go to the aid of heart attack victims have been recommended by two Cleveland surgeons.

Drs. Claude S. Beck and David S. Leighninger, writing in the September 10 Journal of the American Medical Association, suggested that mobile units be sent to victims whose hearts are revived by the open chest, manual massage technique.

The purpose of the mobile operating unit would be to restore the patient's heart to a normal rhythm and close the chest at the scene of the emergency.

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Success is "more likely" if the operating room with trained personnel is moved to the victim instead of the victim being moved to the hospital, they said. Artificial respiration, essential to the survival of the patient, may be interrupted while he is being transported to the hospital, they pointed out.

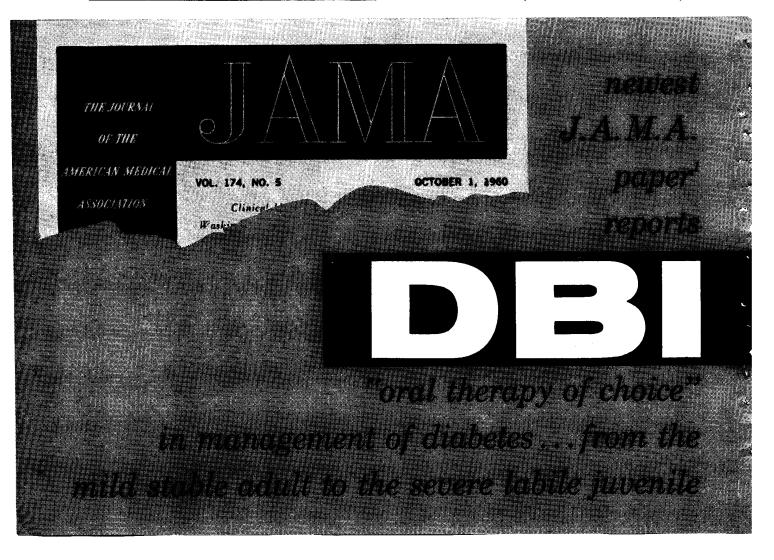
The two surgeons made the recommendation after discussing the incidence of death in "hearts too good to die." They said a two-year survey of 500 heart attack victims listed by the Cuyahoga County Coroner's office, Cleveland, showed that in 63 per cent of the cases there was no evidence of sufficient heart damage to cause death.

"These figures indicate the size of this problem," they said.

They explained that a good heart could fail when its supply of oxygen is cut off (anoxia) or when its oxygen becomes unequally distributed causing a convulsive beat (fibrillation). For example, anoxia can be caused by suffocation, choking, or drowning and fibrillation can be caused by lightning striking the body.

When a structurally sound heart stops beating. they said, it may need only a "second chance" to cheat death. The cardiac massage technique is becoming increasingly successful in surmounting the temporary difficulty of the healthy heart, they said.

Dr. Beck is professor of cardiovascular surgery and Dr. Leighninger is senior instructor in surgery, cardiovascular section, Western Reserve University.



Suntan-Producing Lotions Appear Harmless

The new suntan-producing lotions appear to be harmless, researchers reported recently.

Two separate studies on the effects of such lotions are contained in the October Archives of Dermatology, published by the American Medical Association.

Both groups of researchers studied the effects of "Man-Tan," which is typical of the tanning lotions containing dihydroxyacetone (DHA). It is the DHA which is able to tan the human skin without exposure to the sun.

Drs. Saul Blau, Norman B. Kanof, and Louis Simonson of New York City, in a preliminary re-

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J. M. CRUIKSHANK, M.D., D.P.H., F.A.C.S., Medical Director PSYCHIATRISTS: JOHN ALDEN, M.D., Chief of Staff; HENDRIE GARTSHORE, M.D., Asst. Chief of Staff; P. P. POLIAK, M.D., Asst. Chief of Staff; GEORGE KOLAWSKI, M.D.

A patient accepted for treatment may remain under the supervision of his own physician if he so desires

port, said DHA produces no inflammatory reaction after 30 days of use. They also reported that it offers no protection from the ultraviolet, or tanning, rays of the sun.

Drs. Howard I. Maibach and Albert M. Kligman of Philadelphia said their study also showed that "the material appears innocuous."

"No instances of sensitization or irritation were encountered," they said.

The Philadelphia group also found that the application of the product "neither increased nor decreased" the tanning response of the skin to ultraviolet rays.

Commenting on the use of the lotion by 35 persons, they said:

"In general, the depth of color directly correlates with the thickness and compactness of the stratum corneum [the outer layer of the skin]. Accordingly the palms and soles stain deepest.

"The face, as a rule, was less susceptible than the extremities. Individual variation was great. Smooth unblemished skin takes the coloration best. Older senile skin often acquires a mottled and irregular shade. Because of the vast structural differences of the various parts of the face (nose, ears, and forehead), it is extremely difficult to obtain a uniform tone."

Both groups reported some success in using the lotion to treat conditions in which areas of the skin had lost their natural color.

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1. Barclay, P. L.: J.A.M.A.

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